



City of Bloomington Community and Family Resources Department

LATINO PROGRAMS AND OUTREACH VOLUNTEER APPLICATION

TODAY'S DATE: _____

Personal Information

Name: _____ Telephone: _____

Email Address: _____ @ _____

Address: _____

Street

City

State

Zip Code

Emergency contact:

Name: _____ Relationship: _____ Telephone: _____

Volunteer opportunities (Please check all that interest you)

<u>Boletin Comunitario</u> Writer/reporter Researcher Assistant to the editor Mailing/distribution	<u>Hola Bloomington</u> Archivist Message Center Reporter Programmer Sales representative Board operator Researcher Presenter Music Director Segment producer	<u>www.bloomingtonlatino.net</u> Resource directory updates General updates
<u>Hoosier Healthwise Program</u> Health Educator Intake Assistance	<u>Tax Assistance</u> Interpreter	<u>Plaza Comunitaria</u> Tutor Exam Grader
Document Translator		

Availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times:	Times:	Times:	Times:	Times:	Times:	Times:
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

How many hours per week could you volunteer? _____

How many hours per month could you volunteer? _____

Select your semester of preference: Fall Spring Summer

Special talents, skills, training

Spanish language fluency: Beginner Intermediate Advanced Near native Native

Other Skills: _____

Training: _____

Education Background (If you are an IU student please indicate your major): _____

Why would you like to volunteer with us?

To improve my Spanish skills To get to know the Latino community better
To complete a requirement for my job/fraternity/sorority To complete a class requirement

Other: _____

Where did you hear about volunteering with us?

Friend
Teacher. Name: _____
www.bloomingtonlatino.net
Bloomington Latino News
(Email Message)

Bloomington Volunteer Network
(Hot List or, Herald Times Volunteer Column, or
email)
Class presentation
Event/fair

Hola Bloomington Radio Show
Other Radio Show

Other: _____

Previous volunteer experiences

Organization	Responsibility	Hours you volunteered
_____	_____	_____
_____	_____	_____
_____	_____	_____

References

Please provide two references who are not related to you.

1. Name: _____ Affiliation: _____
Tel: _____ Email: _____

2. Name: _____ Affiliation: _____
Tel: _____ Email: _____